PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number YOR 9200 30109 US)

CLAIMS AS FILED - PART I					*		SN	SMALL ENTITY			OTHER THAN	
<u> </u>			(Column 1)		(Column 2)		TY	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			24					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		* 4			X\$ 9=		OR	X\$18=	72
	EPENDENT CL	·	3 minus 3 =		* ,			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT						\int	+140=	·	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						ينا.	TOTAL		OR	TOTAL	822	
CLAIMS AS AMENDED - PART II											OTHER	
	(Column 1) (Column 2) (Column 3							SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	0	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= "	L	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CLAIM	=	L	X42=		OR	X84=	
	INNOT FALSE	INTATION OF W		LINDÇIN	CLANVI			+140=		OR	+280=	
							L	TOTAL DDIT. FEE		OR-	TOTAL ADDIT FEE	
,		(Column 1)		(Colu	mn 2)	(Column 3)	ΛL	DOI1.1 CC		•	ADDII. į EL	,
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u> </u>	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=			X84=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-3	OR		
		· · · · · · · · · · · · · · · · · · ·			<u> </u>		Ĭ.,	+140=		OR	+280=	
							ΑĽ	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	1
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	3	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	, E	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM	Щ	\				1000	
	If the entry in colu	ımn 1 is less than t	the entry in colu	ımn 2 writ	e "O" in coi	lumn 3	Ŀ	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
1	i ne "Highest Nur	mber Previously Pa	aid For" (Total c	r Independ	aent) is the	nignest numbe	er toun	d in the app	propriate bo	X IU CC	numn 1.	